

## Notice of Intent - Industrial Stormwater Discharge General Permit

Form 3400-163 (R 3/01)

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**Notice:** This form is authorized by s. 283.37, Wis. Stats. Submittal of a completed form to the Department is mandatory for any owner or operator of a storm water discharge who must apply for a permit in accordance with 40 CFR Part 122 or Chapter 283 Wis. Stats. Failure to submit a completed form to the Department at least 180 days before the date on which the discharge is to commence, or by a deadline specified by statute or administrative rule, may result in fines not to exceed \$10,000 per day, pursuant to s. 283.91, Wis. Stats. Personally identifiable information on this form may be used for other water quality program purposes.

DNR Use Only	
File Date	WPDES Permit Number
FIN Number	FID Number

Section I: Owner Information				Section II: Authorized Representative (must be the same person that signs Section VIII)			
Is there a parent company for the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				Last Name First MI			
Name of Owner or Parent Company				Title of Authorized Representative			
Mailing Address				Company Name		Telephone Number	
City		State	ZIP Code	Mailing Address			
Telephone Number				City		State	ZIP Code

Section III: Facility Identification Information							
Name of Facility to be Shown on Permit				<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:			
Name of Facility (if the name is different than the name to be shown on permit)				County			
Mailing Address				Township	Range (E or W)	Section	¼ / ¼
City		State	ZIP Code	Is this site wholly contained on the above quarter quarter section? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this a new or existing facility? <input type="checkbox"/> New <input type="checkbox"/> Existing		Number of Employees		Standard Industrial Classification (SIC) Code (4 digits): Primary _____ Others: _____			
Has your facility been issued a Wastewater WPDES permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Permit Number(s): WI- WI-				For Transportation Facilities: Does your facility have vehicle maintenance shops, equipment cleaning operations, including vehicle washing, or airport de-icing operations? (Vehicle maintenance includes rehabilitation, mechanical repairs, painting, fueling, lubrication.) If yes, explain in the space provided in Section V. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location Address - Street							

Section IV: Facility Contact Person				
Last Name		First	MI	Title of Facility Contact Person
Mailing Address				Company Name
City		State	ZIP Code	Telephone Number

Section V: Description of Industrial Activity and Land Use
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Section VI: Storm Water Discharge Information	Section VII: Discharges to Storm Sewer System Other Than Storm Water								
1. Has storm water runoff from your facility been analyzed for the presence of any pollutants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copies of any collected data.	Are there any discharges other than storm water included in your storm water outfall, e.g., wash water, non-contact cooling water? <input type="checkbox"/> Yes <input type="checkbox"/> No								
2. Any known impact on receiving water from storm water discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have coverage under a WPDES permit for any of the non-storm discharges listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No								
3. Have any leaks, spills or similar instances of storm water contamination occurred at your facility within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe such other discharges: <table border="1"><thead><tr><th>Type of Discharge</th><th>Permit for the discharge?</th></tr></thead><tbody><tr><td></td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td></td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td></td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></tbody></table>	Type of Discharge	Permit for the discharge?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Discharge		Permit for the discharge?							
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
4. Did the spill occur in an earthen area? <input type="checkbox"/> Yes <input type="checkbox"/> No									
5. Did the spill occur on a paved surface? <input type="checkbox"/> Yes <input type="checkbox"/> No									
6. If so, was action taken to clean up the spill? <input type="checkbox"/> Yes <input type="checkbox"/> No									
7. Are any material handling equipment or activities, raw materials, intermediate products, final products, waste materials, by products, or industrial machinery located in areas exposed to rainfall, storm water, or snow melt water? <input type="checkbox"/> Yes <input type="checkbox"/> No									

**NOTE:** If you responded "No" to the above question number 7, your facility might qualify for a Tier 3 permit which has less monitoring requirements than the Tier 1 and 2 permits and no annual fee. However, you will need to complete and return DNR Form 3400-171 (Self Determination and Certification That Facility Does not Discharge Contaminated Storm Water) to apply for coverage under a Tier 3 permit. Form 3400-171 may be requested by contacting a regional office listed on the final page of this form.

Section VIII: Signatures			
Signature of facility contact person, attesting to the accuracy and completeness of the statements made.			
Signature		Date Signed	
Typed/Printed Name		Title	
Mailing Address		Company Name	
City	State	ZIP Code	Telephone Number

State Statutes provide for severe penalties for submitting false information on this Notice of Intent form. State regulations require this form to be signed as follows:

1. for a corporation, by a principal executive officer of at least the level of Vice President, or a duly authorized representative having overall responsibility for the operation covered by this permit;
2. for a unit of government, a principal executive officer, a ranking elected official, or other duly authorized representative;
3. for a partnership, by a general partner; by a general partner; for a sole proprietorship, by the proprietor;
4. for a limited liability company, by a member or manager.

**If the application is not signed, or is found to be incomplete, it will be returned.**

Authorized Representative Signature	Date Signed
Typed / Printed Name	<b>DNR Use Only</b>
	File Date
	Reference Number

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Discharge General Permit**

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**Mailing**

Unless otherwise directed, mail this completed form to the DNR office listed by county as follows:

**NORTHERN REGION COUNTIES**

Ashland	Lincoln	DNR Service Center
Barron	Oneida	1401 Tower Ave.
Bayfield	Polk	Superior, WI 54880
Burnett	Price	
Douglas	Rusk	Phone: 715-392-7988
Florence	Sawyer	
Forest	Taylor	
Iron	Vilas	
Langlade	Washburn	

**NORTHEAST REGION COUNTIES**

Brown	Marquette	DNR Northeast Region
Calumet	Menominee	P.O. Box 10448
Door	Oconto	Green Bay, WI 54307
Fond du Lac	Outagamie	
Green Lake	Shawano	Phone: 920-492-5800
Kewaunee	Waupaca	
Manitowoc	Waushara	
Marinette	Winnebago	

**WEST CENTRAL REGION COUNTIES**

Adams	Marathon	DNR Service Center
Buffalo	Monroe	5301 Rib Mountain Rd.
Chippewa	Pepin	Wausau, WI 54401
Clark	Pierce	
Dunn	Portage	Phone: 715-359-4522
Eau Claire	St. Croix	
Jackson	Trempealeau	
Juneau	Vernon	
La Crosse	Wood	

**SOUTH CENTRAL REGION COUNTIES**

Columbia	Iowa	DNR South Central Region
Crawford	Jefferson	3911 Fish Hatchery Rd.
Dane	LaFayette	Fitchburg, WI 53711
Dodge	Richland	
Grant	Rock	Phone: 608-275-3266
Green	Sauk	

**SOUTHEAST REGION COUNTIES**

Kenosha	Sheboygan	DNR Southeast Region
Milwaukee	Walworth	P.O. Box 12436
Ozaukee	Washington	Milwaukee, WI 53212
Racine	Waukesha	
		Phone: 414-263-8500